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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

☒ Declaration Submitted with Initial Filing OR ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	IN01156
First Named Inventor	ARASAPPAN
COMPLETE IF KNOWN	
Application Number	/
Filing Date	July 19, 2001
Group Art Unit	To Be Assigned
Examiner Name	To Be Assigned

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**NOVEL IMIDAZOLIDINONES AS NS3-SERINE PROTEASE INHIBITORS
OF HEPATITIS C VIRUS**

the specification of which

☒ is attached hereto
OR

☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
			<input type="checkbox"/>	YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	
60/220,110	July 21, 2000	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

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I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date:

Typed or printed name	
Signature	Date

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Date

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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: ☒ Customer Number 24265 ☐ Registered practitioner(s) name/registration number listed below

Place Customer Number Bar Code Label here

Name	Registration Number	Name	Registration Number

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☒ Customer Number or Bar Code Label 24265 ☐ Correspondence address below

Name	PALAIYUR S. KALYANARAMAN			Reg. No.	34634
Address					
Address					
City		State		ZIP	
Country		Telephone	(908) 298-5068	Fax	(908) 298-5388

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
ASHOK		ARASAPPAN	
Inventor's Signature	<i>Asok Arasoffan</i>	Date	5/15/01
Residence: City	BRIDGEWATER	State	NJ
Country	USA	Citizenship	INDIA
Post Office Address	18 LARSEN COURT		
Post Office Address			
City	BRIDGEWATER	State	NJ
ZIP	08807	Country	USA

☒ Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet

Page 1 of 2

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
TEJAL				PAREKH			
Inventor's Signature				Date			
Residence: City	MOUNTAIN VIEW	State	CA	Country	USA	Citizenship	INDIA
Post Office Address 1885 EDNAMARY WAY, UNIT C							
Post Office Address							
City	MOUNTAIN VIEW	State	CA	ZIP	94040	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
F. GEORGE				NJOROGUE			
Inventor's Signature		<i>F. George Njorogue</i>		Date		06/08/01	
Residence: City	WARREN	State	NJ	Country	USA	Citizenship	KENYA
Post Office Address 11 SOFTWOOD WAY							
Post Office Address							
City	WARREN	State	NJ	ZIP	07059	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
VIYYOOR MOOPIL				GIRIJAVALLABHAN			
Inventor's Signature		<i>V. Vallabhan</i>		Date		6/8/01	
Residence: City	PARSIPPANY	State	NJ	Country	USA	Citizenship	USA
Post Office Address 10 MAPLEWOOD DRIVE							
Post Office Address							
City	PARSIPPANY	State	NJ	ZIP	07043	Country	USA

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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>2</u> of <u>2</u>
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
ASHIT K.		GANGULY	
Inventor's Signature	<i>Ashit K. Ganguly</i>		Date
Residence: City	UPPER MONTCLAIR	State	NJ
Country	USA		
Post Office Address	96 COOPER AVENUE		
Post Office Address			
City	UPPER MONTCLAIR	State	NJ
ZIP	07043		
Country	USA		
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature			Date
Residence: City		State	
Country			
Post Office Address			
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City		State	
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Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
			<input type="checkbox"/>	YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☒ Customer Number or Bar Code Label 24265 OR ☐ Correspondence address below

Name	PALAIYUR S. KALYANARAMAN			Reg. No.	34634
Address					
Address					
City		State		ZIP	
Country		Telephone	(908) 298-5068	Fax	(908) 298-5388

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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Post Office Address					
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Country	USA				
<input checked="" type="checkbox"/> Additional inventors are being named on the ² supplemental Additional inventor(s) sheet(s) PTO/SB/02A attached hereto					


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ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))		Family Name or Surname			
TEJAL		PAREKH			
Inventor's Signature				Date	6/14/2001
Residence: City	MOUNTAIN VIEW	State	CA	Country	USA
Post Office Address	1885 EDNAMARY WAY, UNIT C				
Post Office Address					
City	MOUNTAIN VIEW	State	CA	ZIP	94040
				Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
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F. GEORGE		NJOROGUE			
Inventor's Signature				Date	
Residence: City	WARREN	State	NJ	Country	USA
Post Office Address	11 SOFTWOOD WAY				
Post Office Address					
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				Country	USA
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Post Office Address					
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				Country	USA

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Post Office Address					
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Inventor's Signature				Date	
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Post Office Address					
Post Office Address					
City		State		ZIP	
				Country	
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City		State		ZIP	
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